



# The Morrow Companies

MULTI-FAMILY, COMMERCIAL AND INVESTMENT PROPERTIES

## Application for Tenancy

Date Received:	Time:	Signature of Manager:
A \$25.00 non-refundable application processing fee per applicant is required when submitting this application, unless otherwise posted on the office bulletin board that the fee has been waived. The application is considered incomplete and will not be processed unless the processing fee is paid. ***All portions of this application must be completed. Fill in each blank. If the blank is not applicable, please put N/A. Please write legibly.		
Fee Paid <input type="checkbox"/> Fee Not Paid <input type="checkbox"/> Fee Waived <input type="checkbox"/>	Receipt #	Date
Applicant's Name		Email
Current Address	City	State & Zip
Home #	Work #	Cell #
Do you Currently <input type="checkbox"/> Rent or <input type="checkbox"/> Own?	Amount of Mortgage/Rent?	
Employer	Self Employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Position
Address of Employer		Employer Telephone #

Co - Applicant's Name		Email
Current Address	City	State & Zip
Home #	Work #	Cell #
Do you Currently <input type="checkbox"/> Rent or <input type="checkbox"/> Own?	Amount of Mortgage/Rent?	
Employer	Self Employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Position
Address of Employer		Employer Telephone #

### Household Composition

List all members who will reside in the dwelling.

	<u>Full Name</u>	<u>Relationship to Head</u>	<u>Marital Status</u> Married Single Legal Sep.	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Student Status</u> Full-Time Part-Time None	<u>Em ployed</u> Yes or No	<u>Sex</u> M /F
1		Head						
2								
3								
4								
5								
6								
7								
8								



Do you anticipate any changes to the household in the next twelve months?  Yes or  No

If Yes, explain:

Does anyone live with you who is not listed above?  Yes or  No If yes, explain:

Does the applicant or co – applicant hereby certify that he/she has legal custody of the minor children listed in the household for at least 6 months of the year?  Yes or  No

If no, please explain.

Will the household above be comprised of students during any five calendar months of this year or plan to be in the next calendar year at an educational institution with regular faculty and students? Please put anticipated status (PT or FT) for fall, spring and summer sessions.

Yes or  No

HH Member Name	Name of School	School Contact	Phone # of School	Current Status	Fall	Spring	Summer

Do you require any special services/reasonable accommodations due to a disability?  Yes or  No

Do you require a dwelling that is designed with accessible features?  Yes or  No

If yes, please indicate which features you require.

Have you been displaced?  Yes or  No

If yes, explain.

Have you or any member of your household ever been evicted, breached or violated your contract while leasing any type of housing?  Yes or  No

If Yes, explain.

Have you or any member of your household ever applied at this housing community?  Yes or  No

If yes, when?

Have you or any of your household members ever lived at this housing community?  Yes or  No

If yes, when?

Have you or any members of your household ever been convicted of a Felony/crime?  Yes or  No

If yes, explain.



Currently do you or any members of your household use, manufacture, possess, sale or distribute a controlled substance?  Yes or  No

Have you or any members of your household ever been convicted of the same?  Yes or  No

If yes, explain.

List any substance abuse programs that you or any household members have successfully completed or are currently enrolled in:

How did you hear about our community?

When do you wish to move in?

Why are you currently looking for housing?



**Monthly Household Income**

List **ALL** income sources. Do **NOT** leave any blanks. If a section does not apply use N/A for the section. Use Gross income before any deductions.

	Applicant			Co-Applicant			Monthly Total (Combined)
	Source (name of employer, etc)	Contact #	Monthly Amount	Source (name of employer, etc)	Contact #	Monthly Amount	
Employment							
Commissions							
Tips, Bonuses							
Income from Self Employment							
Net Rental Income							
Social Security							
Supp. Sec Income							
Unemployment							
Alimony							
Child Support							
VA Benefits							
Welfare or Public Assistance							
Recurring Gifts							
Lottery paid periodically							
Interest and/or dividends							
Severance Pay							
Pension/annuity							
Worker's Comp Disability Compensation							
Military Pay							
Other Income:							
Other Income:							

<b>Total Gross Annual Income based on the monthly amounts listed above times 12</b>	\$
<b>Do you anticipate any changes in this income in the next 12 months?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<b>If yes, please explain:</b>	

**Rental History**

Current Landlord	Address
Landlord's Phone #	Amount of Rent \$

Previous Landlord	Address
Previous Landlord's Phone #	Amount of Rent \$



### Household Assets

Please indicate whether you or a member of your household has any of the assets listed below. Do NOT leave any blanks. If a section does not apply use N/A for the section. If you require additional forms because your assets exceed the space provided, please ask for one.

#### Cash On Hand

Household Member	Balance

#### Checking Accounts

Household Member	Acct #	Institution	Contact #

#### Savings Accounts

Household Member	Acct #	Institution	Contact #

#### Certificates of Deposit/Money Market Acct/Savings Bonds

Household Member	Acct #	Institution	Contact #

#### Stocks/Bonds/Mutual Funds

Name:	# of Shares	Interest of Dividends Paid	Value \$

#### IRA/Keogh/401K/ Lump Sum Lottery Winnings/ Life Insurance

Household Member/Acct No.	Cash Value

Do you own any real estate property? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please explain
Type of Property:
Location of Property:

Have you disposed of any assets in the last 2 years? <input type="checkbox"/> Yes or <input type="checkbox"/> No
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**Credit References**

	Name	Address	City, St, Zip	Acct #	Phone #
1					
2					
3					

**Personal References (not related or employers)**

	Name	Address	City, St, Zip	Relationship	Phone #
1					
2					
3					

**Emergency Contacts**

	Name	Address	City, St, Zip	Relationship	Phone #
1					
2					
3					

Please note: A \$25.00 charge for bookkeeping will be deducted for an applicant who has paid a Security Deposit and decides not to rent an apartment. All rent is due and payable on the first day of the month. After a ten (10) grace period, or the grace period prescribed by state law, a late charge will be assessed and legal action taken. No water beds, alcoholic beverages displayed on the grounds, and no pets. In the event the complex is designated specifically as housing for the elderly, a pet lease may be executed and an additional Pet Deposit is required.

**All persons aged 18 and older must sign and date this document.**

I/we hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a Security Deposit prior to occupancy. I/we understand that my/our eligibility for housing will be based on applicable income limits and by management’s selections criteria. I/we certify that all information in this application is true and accurate to the best of my/our knowledge and I/we understand that false statements or false information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verifications related to my/our application for tenancy.. I/we further certify that only those people listed on this application will occupy the dwelling, unless prior approval by Landlord is given.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co - Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Person 18 or older

\_\_\_\_\_  
Date

I certify that I filled this application out for the applicant as a reasonable accommodation for his/her disability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (Friend, Relative, etc)



### Addendum to the Application

#### Information for Government Monitoring Purposes

The following information is requested by the community owner in order to assure that this complex is in compliance with Federal laws prohibiting discrimination against applicants on the basis of race, national origin, sex, color, religion, familial status or disability. This information will not be used in evaluating your application or to discriminate against you in any way. You are not required to furnish this information but are encouraged to do so. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individuals on the basis of visual observation of surname.

**Applicant:** I do not wish to furnish the information \_\_\_\_\_ (initials)

What is your ethnicity? (National Origin)     Hispanic                     Not Hispanic

What is your race?     American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or other Pacific Islander     White

What is your Sex?     Male                     Female

**Co - Applicant:** I do not wish to furnish the information \_\_\_\_\_ (initials)

What is your ethnicity? (National Origin)     Hispanic                     Not Hispanic

What is your race?     American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or other Pacific Islander     White

What is your Sex?     Male                     Female

#### **For Office Use Only:**

If applicant chose NOT to furnish this information, please record visually observed information here.

Applicant: Ethnicity- (National Origin)     Hispanic                     Not Hispanic

Race     American Indian or Alaskan Native     Asian     Black or African American  
 Native Hawaiian or other Pacific Islander     White

Sex     Male                     Female

Co -Applicant: Ethnicity- (National Origin)     Hispanic                     Not Hispanic

Race     American Indian or Alaskan Native     Asian     Black or African American  
 Native Hawaiian or other Pacific Islander     White

Sex     Male                     Female





**Alabama**

**TTD # 1-800-255-0135 (Voice)**

**1-800-255-0056 (T/A)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

**Louisiana**

**TTD # 1-800-947-5277 (Voice)**

**1-800-846-5277 (T)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

**Mississippi**

**TTD # 1-800-582-2233 (Voice/T/A)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

**HUD Properties**

**TTD # 1-800-548-2547 (Voice)**

**1-800-548-2546 (T/A)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

**North & South Carolina**

**TTD # 1-800-735-2905 (V/T/A)**

**1-800-735-8262 (Voice)**

**1-800-735-2962 (T/A)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

**Tennessee**

**TTD # 1-800-848-0299 (Voice)**

**1-800-848-0298 (T/A)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

